

# Health Department, City of Baltimore.

Permit No. 98712 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,...

March 19<sup>th</sup> 1887

Full Name of Deceased, {

Write legibly and spell correctly. If an Infant not named, give names of parents.

Wm H. Diddleake

Sex, Male or Female, {

Cross out the word not required in this line.

Age, 2 Years, 6 Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, {

Cross out the words not required in this line.

Occupation,...

Birth Place, {

State or country, and how long in the United States, if of foreign birth.

Baltimore Md  
Dying Life

Duration of Residence in the City of Baltimore,...

Place of Death, {

Give Street and Number.

1358 Garrett ave

Cause of Death, {

First (Primary),

Second (Immediate),

Pneumonia  
5 Days

Duration of Last Sickness,...

All the above information should be furnished by the Physician.

Place of Burial, Verona

Date of Burial, 22<sup>nd</sup> Nov 1887

{ Undertaker, Bernard Harle

{ Place of Business, 115 West St

D. A. Cooke M. D.

Medical Attendant.

Address, 104 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4595 Transit [OVER.]



# Health Department, City of Baltimore.

Permit No. *98713*

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, *Mar 20<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sarah M. C. Bride*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *83* Years, Months, Days

Color, *white*

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *Not known*

Place of Death, { Give Street and Number. } *Inst. Little Sisters of the Poor*

Cause of Death, { First (Primary), Second (Immediate), } *General Dropsy*

Duration of Last Sickness, *1 month*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *Mar 20<sup>th</sup> 1887*

Undertaker, *Mr. Brook & Co.* M. D.

Medical Attendant.

Place of Business, Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

# Health Department, City of Baltimore.

Permit No. *98714*

Office of Registrar of Vital Statistics.

Ward

*8/1*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

*March 19-87*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Laurier V. J. Boyd*

Sex, *Male* or *Female*,

{ Cross out the word not required in this line. }

Age,

Years,

*6* Months,

*16* Days.

Color,

*White*

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

*City*

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

*Mar 9 13 or old 41 E. Fayette St*

Cause of Death,

{ First (Primary),

Second (Immediate),

*Tubercular Meningitis*

Duration of Last Sickness,

*10 days*

All the above information should be furnished by the Physician.

Place of Burial,

*St. Alphonsus Cem*

Date of Burial,

*March 21<sup>st</sup>*

Undertaker,

*W. L. Duffel*

*J. G. Meyer*

M. D.

Medical Attendant.

Place of Business,

*157 S. Bond St*

*4 A. E. St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 98715 Office of Registrar of Vital Statistics.

Ward 7

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## CERTIFICATE OF DEATH.

Date of Death, March 20<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christina Miller

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 67 Years, Months, 20 Days,

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } widow

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, { Give Street and Number. } 1123 N. Central Ave

Cause of Death, { First (Primary), Second (Immediate), } Heart trouble

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ch

Date of Burial, March 22<sup>d</sup> 1887

Undertaker, Henry Hock x Son S. G. Dausch M. D.

Place of Business, 1023 N. Calmar St Address, 1727 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98716 Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

Date of Death, March 20/89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adams, John

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 66 Years, 3 Months, 26 Days

Color, white  
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Cabinet maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bavaria

Duration of Residence in the City of Baltimore, 42 years

Place of Death, { Give Street and Number. } 1028 Lisguth St

Cause of Death, { First (Primary), Delirium tremens  
Second (Immediate), \_\_\_\_\_ }

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ch

Date of Burial, March 23<sup>d</sup> 1889

{ Undertaker, Henry Beck }

H. Warner M. D.

Medical Attendant.

{ Place of Business, 1023 N. Calver St Address, 1123 Valley }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No.

98717

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 19<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary E. Calkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

2

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

572 York Ave

Cause of Death, { First (Primary), Second (Immediate), }

Inanition

Duration of Last Sickness,

Since Birth

All the above information should be furnished by the Physician.

Place of Burial,

Cedar Hill

Date of Burial,

March 21/87

{ Undertaker,

Robert

Brookline, Mass.

M. D.

Medical Attendant.

{ Place of Business,

82 West

Address,

178 Hammond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98718 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 Years, 3 Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, (Balto)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} (Balto)

Duration of Residence in the City of Baltimore, 108 York St.

Place of Death, {Give Street and Number.} 108 York St.

Cause of Death, {First (Primary), Second (Immediate),} Pneumonia  
Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 21/87

{ Undertaker, Hercules Ross, C. S. Booz, M. D. Medical Attendant.

{ Place of Business, 404 Carroll St. Address, 617 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98719 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 19<sup>th</sup> 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara A Schmick

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 Years, White Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give Street and Number. } 46 Heath St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 21<sup>st</sup> 1884

{ Undertaker, B. Haulk Richard Borer M. D. Medical Attendant.

{ Place of Business, 570 Hanover Address, 570 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98720

Office of Registrar of Vital Statistics.

Ward 17

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Mar 20 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cornelia E Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 1 Months, 21 Days

Color red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } US

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 113 West St

Cause of Death, { First (Primary), Second (Immediate), } Bronchitis.

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, 21 st

Undertaker, Dorrell and Handy Groff Strauss M. D.

Medical Attendant.

Place of Business, 198 West St Address, 9 E. Montgomery St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98721 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 20-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Lee

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Domestic

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } Union Protestant Infirmary

Cause of Death, { First (Primary), Second (Immediate), } Heart Disease

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 21<sup>st</sup> 1887

{ Undertaker, H. N. Bishop & Co. } C. Furcett M. D.

Medical Attendant.

{ Place of Business, 97 Duval Ave. } Address, 550 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]